FORM D



UNITED STATES

SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549 APR 0 1 2003

FORM D

# NOTICE OF SALE OF SECURITES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

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OMB APPROVAL
OMB Number: 323

 QMB Number:
 3235-0076

 Expires:
 May 31, 2005

Éstimated average burden hours per response.....16.00

SEC	USE O	VLY
Prefix		Serial
DA <sup>*</sup>	TE RECEIV	ED
	!	

Name of Offering ( check if this is an amendment an	d name has changed, and indicate change.)	
Traine of Offering ( eneck if this is an amendment an		
Filing Under (Check box(es) that apply): Rule 504 Type of Filing: New Filing Amendment	Rule 505 <b>R</b> Rule 506 Section 4(6)	ULOE
	A. BASIC IDENTIFICATION DATA	
Enter the information requested about the issuer		
Name of Issuer ( check if this is an amendment and n RFD, INC.	ame has changed, and indicate change.)	
Address of Executive Offices 414 No. La Cienega Blvd., #200, Los Angeles, C	(Number and Street, City, State, Zip Code) A 90048	Telephone Number (Including Area Code) (310) 289-9916
Address of Principal Business Operations (if different from Executive Offices)	(Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
Brief Description of Business Own and Operate Restaurants		PROCESSED
	nership, already formed	lease specify): APR 04 2003
Actual or Estimated Date of Incorporation or Organization:  Jurisdiction of Incorporation or Organization: (Enter two-CN for Cartes)		

### GENERAL INSTRUCTIONS

#### Federal

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

#### State

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION -

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the filing of a federal notice.

	A. BASIC IDE	ENTIF	ICATION DATA		parangan Salah Car	1,774	
Enter the information requested for the fo	llowing:						
• Each promoter of the issuer, if the is	suer has been organized w	ithin t	he past five years;				
Each beneficial owner having the pov	ver to vote or dispose, or dir	rect the	e vote or disposition	of, 10	% or more o	f a clas	s of equity securities of the issuer
Each executive officer and director of the control of the con	of corporate issuers and of	corpo	rate general and man	aging	partners of	partne	ership issuers; and
Each general and managing partner	of partnership issuers.						
			7 0.00	[-7]	D' .		C 1 1/
Check Box(es) that Apply: Promoter	▼ Beneficial Owner	X	Executive Officer	×	Director		General and/or Managing Partner
Full Name (Last name first, if individual)							
Gentry, Ann							
•	Street, City, State, Zip Co	ode)					
414 No. La Cienega Blvd., #200, Los A	Angeles, CA 90048						
Check Box(es) that Apply: Promoter	Beneficial Owner	X	Executive Officer	X	Director		General and/or Managing Partner
Full Name (Last name first, if individual)	* ************************************						
Jacobs, Robert							
Business or Residence Address (Number and	Street, City, State, Zip Co	ode)		•		~~~	
414 No. La Cienega Blvd., #200, Los A	Angeles, CA 90048						
Check Box(es) that Apply: Promoter	Beneficial Owner		Executive Officer	X	Director		General and/or Managing Partner
Full Name (Last name first, if individual)							
Kaufman, John							
	Street, City, State, Zip Co	ode)					11-11-11-1
414 No. La Cienega Blvd., #200, Los A	Angeles, CA 90048						
Check Box(es) that Apply: Promoter	Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, if individual)							16.0
Flying Girl, Inc.							
Business or Residence Address (Number and	Street, City, State, Zip Co	ode)					
414 No. La Cienega Blvd., #200, Los A	Angeles, CA 90048						
Check Box(es) that Apply: Promoter	Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, if individual)			47.00	·····			
Business or Residence Address (Number and	Street, City, State, Zip Co	ode)					
Check Box(es) that Apply: Promoter	Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, if individual)							
Business or Residence Address (Number and	Street, City, State, Zip Co	ode)	<del></del>				
			14 A. 17 . 18 C				
Check Box(es) that Apply: Promoter	Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
full Name (Last name first, if individual)	, , , , , , , , , , , , , , , , , , , ,						
Business or Residence Address (Number and	Street, City, State, Zip Co	ide)					
Transport and	on on, one, one, or	, 40)					

(Use blank sheet, or copy and use additional copies of this sheet, as necessary)

		THE STATE OF	rak o jeko ostav ipo Populji oslobki se sa Populji oslobki se sa		В. І	NFORMAT	ION ABOU	T OFFERI	NG	ur meriti Maneteria	Sign fleet with the sign of th	ji Padal Pasadika	it in and in
1	Hac +h -		d, or does th			II to non o	coredited:	nvectors in	this offer	ina?		Yes	No
1.	iias liie	133461 3010	a, or does it			· ·				_		X	Ц
2.	Answer also in Appendix, Column 2, if filing under ULOE.  2. What is the minimum investment that will be accepted from any individual?							,,,,,,,,,,,,	<b>\$</b> _6,17	9			
										Yes	No		
3.			permit join									X	
4.	commis If a pers or states	sion or sim son to be lis s, list the na	tion request ilar remune sted is an ass ame of the b you may so	ration for s sociated pe roker or de	solicitation erson or age ealer. If mo	of purchasent of a broker ore than five	ers in conne ker or deale e (5) persor	ection with r registered as to be list	sales of sec d with the S ed are asso	curities in t SEC and/or	he offering. with a state		
Ful	l Name (	Last name	first, if indi	ividual)									
Bus	siness or	Residence	Address (N	lumber and	d Street, C	ity, State, Z	Cip Code)						•
Nar	me of Ass	sociated Br	oker or De	aler					·				
Sta			Listed Has										
	(Check	"All States	s" or check	individual	States)	***************************************			***************************************		***************************************	☐ Al	l States
	AL IL MT RI	AK IN NE SC	AZ IA NV SD	AR KS NH TN	CA KY NJ TX	CO LA NM UT	CT ME NY VT	DE MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	HI MS OR WY	ID MO PA PR
Ful	l Name (	Last name	first, if indi	ividual)									
Bus	siness or	Residence	Address (1	Number an	d Street, C	City, State,	Zip Code)						
Nar	me of Ass	sociated Br	roker or De	aler									
Stat	tes in Wh	ich Person	Listed Has	Solicited	or Intends	to Solicit	Purchasers						
	(Check	"All States	s" or check	individual	States)	***************************************						☐ Al	l States
	AL IL MT RI	AK IN NE SC	IA NV SD	AR KS NH TN	CA KY NJ TX	LA NM UT	CT ME NY VT	DE MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	MS OR WY	MO PA PR
Full Name (Last name first, if individual)													
Business or Residence Address (Number and Street, City, State, Zip Code)													
Name of Associated Broker or Dealer													
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers													
(Check "All States" or check individual States)													
	AL IL MT	AK IN NE SC	IA NV SD	AR KS NH TN	CA KY NJ TX	CO LA NM UT	CT ME NY VT	DE MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	HI MS OR WY	ID MO PA PR

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

# C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.			
	Type of Security	Aggregate Offering Price	9	Amount Already Sold
		_		
	Debt		_	
	Equity	\$ 3,500,035	-	\$0
	Common Preferred	rh.		•
	Convertible Securities (including warrants)			
	Partnership Interests			
	Other (Specify)			
	Total	\$		\$
	Answer also in Appendix, Column 3, if filing under ULOE.			
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."			Aggregate
		Number Investors		Dollar Amount of Purchases
	Accredited Investors			\$
	Non-accredited Investors	***************************************		\$
	Total (for filings under Rule 504 only)			\$
	Answer also in Appendix, Column 4, if filing under ULOE.			
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.			
	Type of Offering	Type of Security		Dollar Amount Sold
	Rule 505	-		\$
	Regulation A		-	\$\$
	Rule 504		_	\$ \$
	Total		-	Φ
4			-	Φ
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.			
	Transfer Agent's Fees		X	<u>\$_0</u>
	Printing and Engraving Costs		X	<u>\$_0</u>
	Legal Fees		×	\$ 20,000
	Accounting Fees		X	<u>\$_0</u>
	Engineering Fees		X	<u>\$_0</u>
	Sales Commissions (specify finders' fees separately)		X	\$ <u>0</u>
	Other Expenses (identify)		X	\$_ <sup>0</sup>
	Total		<b>X</b> 1	s 20,000

r jes	C. OFFERING PRICE, NUM	BER OF INVESTORS, EXPENSES AND USE OF P	ROCEEDS	
	b. Enter the difference between the aggregate offer and total expenses furnished in response to Part C—proceeds to the issuer."			§ 3,480,035
5.	Indicate below the amount of the adjusted gross proeach of the purposes shown. If the amount for an check the box to the left of the estimate. The total of proceeds to the issuer set forth in response to Part	y purpose is not known, furnish an estimate and the payments listed must equal the adjusted gross		
			Payments to Officers, Directors, & Affiliates	Payments to Others
	Salaries and fees		] <u>\$_0</u>	□ \$ <u>0</u>
	Purchase of real estate		] \$ <u>_0</u>	<u> </u>
	Purchase, rental or leasing and installation of mac and equipment	hinery	] \$ <u>0</u>	<u>\$0</u>
•	Construction or leasing of plant buildings and fac-			<u>\$</u> 0
	Acquisition of other businesses (including the value offering that may be used in exchange for the asset	ets or securities of another	- - c 0	
	issuer pursuant to a merger)			_
	Repayment of indebtedness	<b>-</b>		
	Working capital  Other (specify): Transfer of partnership interests in	L.	]\$ <u>0</u> ]\$_0	\$ 3,480,035
	Other (specify).			<b>X</b>
			]\$	\$
	Column Totals		]\$	<b>x</b> \$ 3.480,035
	Total Payments Listed (column totals added)	<b>x</b> \$_3,480,035		
		D. FEDERAL SIGNATURE		
ig	e issuer has duly caused this notice to be signed by the nature constitutes an undertaking by the issuer to fur information furnished by the issuer to any non-accordance.	nish to the U.S. Securities and Exchange Commiss	sion, upon writte	
SSI	uer (Print or Type)	Signafore D	)ate	
	FD, INC.		03-05-	13
Vai	me of Signer (Print or Type)	Title of Signer (Print or Type)		· V
Ar	nn Gentry	President		

- ATTENTION -

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

		E. STATE SIGNATURE			
1.		resently subject to any of the disqualification  Yes  No			
	See	Appendix, Column 5, for state response.			
2.	The undersigned issuer hereby undertakes to f D (17 CFR 239.500) at such times as require	furnish to any state administrator of any state in which this notice is filed a notice on Form ed by state law.			
3.	3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by issuer to offerees.				
4.	limited Offering Exemption (ULOE) of the st	ssuer is familiar with the conditions that must be satisfied to be entitled to the Uniform tate in which this notice is filed and understands that the issuer claiming the availability hing that these conditions have been satisfied.			
	ner has read this notification and knows the conte thorized person.	ents to be true and has duly caused this notice to be signed on its behalf by the undersigned			
Issuer (	Print or Type)	Signature Date			
RFD, I	NC.	m Cent 03-05-03			
Name (	Print or Type)	Title (Print or Type)			
Ann G	entry	President			

## Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.